

CITY OF CASPER
BALANCE SHEET FOR
LIQUOR LICENSE APPLICANTS

(Must Accompany original
and renewal applications and
be as of ninety days or less of
application date.)

APPLICANT: _____

AS OF _____, 20__

LIABILITIES

<u>CURRENT LIABILITIES</u>	(Omit Cents)
Accounts Payable	\$ _____
Notes Payable (Due within one year.)	\$ _____
Accrued Expenses (Interest, taxes, wages, etc.)	\$ _____
Installment Loans Payable (Include only that portion due within one year.)	\$ _____
Other Current Liabilities (If over \$1,000.00, attach detail.)	\$ _____
TOTAL CURRENT LIABILITIES	\$ _____

<u>LONG TERM OBLIGATIONS</u>	
Notes Payable (Give names and amounts.)	\$ _____
Installment Loans Payable (Include portion due after one year and give names and amounts.)	\$ _____
Other Long Term Obligations (If over \$1,000.00, attach detail.)	\$ _____
TOTAL LONG TERM OBLIGATIONS	\$ _____

CAPITAL: (Use Appropriate Section- Corporation, Partnership, or Proprietorship)

<u>Corporations:</u>	
Capital Stock, Authorized _____ shares _____ per value _____ shares issued and outstanding	\$ _____
Treasury Stock	\$ _____
Paid in Surplus	\$ _____
Donated Surplus	\$ _____
Retained Earnings	\$ _____
TOTAL CAPITAL (Corporation)	\$ _____

<u>Partnerships:</u>	
<u>NAME OF PARTNER</u>	<u>CAPITAL</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL CAPITAL (Partnership)	\$ _____
TOTAL CAPITAL (Proprietorship)	\$ _____
<u>TOTAL LIABILITIES AND CAPITAL</u>	\$ _____

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ASSETS

<u>CURRENT ASSETS</u>	(Omit Cents)
Cash	\$ _____
Inventory	\$ _____
Prepaid Expenses (Insurance, rent, etc. expiring within one year.)	\$ _____
Other Current Assets	\$ _____
TOTAL CURRENT ASSETS	\$ _____
 <u>FIXED ASSETS:</u>	
Land	\$ _____
Buildings	\$ _____
Leasehold Improvements	\$ _____
Furniture and Fixtures	\$ _____
Other Fixed Assets (If over \$1,000, attach detail.)	\$ _____
TOTAL FIXED ASSETS	\$ _____
LESS- Accumulated Depreciation	\$ _____
NET FIXED ASSETS	\$ _____
 <u>OTHER ASSETS:</u>	
Unamortized Organization Cost	\$ _____
Investments	\$ _____
Prepaid Expenses (Expiring after one year.)	\$ _____
Goodwill (At cost.)	\$ _____
Other Assets (If over \$1,000.00, attach detail.)	\$ _____
TOTAL OTHER ASSETS	\$ _____
 <u>TOTAL ASSETS</u>	\$ _____

I hereby certify that this balance sheet and all attached schedules are true and correct to the
best of my knowledge and belief.

	_____	_____
	Signature	Title
 Statement Prepared By:	_____	_____
	Signature	Date